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## PREFERRED DRUG LIST / COMMON CORE FORMULARY CHANGES, 90 DAY SUPPLY LIST CHANGES, AND DRUG UTILIZATION REVIEW BOARD SERVICE AUTHORIZATION CHANGES

The following new drugs and service authorization criteria were recently reviewed and approved by the Drug Utilization Review Board on June 2, 2022 and September 8, 2022. These changes, along with a complete listing of preferred drugs and service authorization requirements, are posted on the Virginia Medicaid Pharmacy Services Portal at:

<https://www.virginiamedicaidpharmacyservices.com/provider>

**Effective immediately**, the following drugs require a service authorization (SA). SA forms can be found at:

<https://www.virginiamedicaidpharmacyservices.com/provider/authorizations>

- Camzyos™ (mavacamten)
- Vioice® (alpelisib)
- Vonjo™ (pacritinib)
- Rezurock™ (belumosudil)

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The DMAS P&T Committee conducted its annual review of the following PDL Phase II drug classes and reviewed new drugs in PDL Phase I on September 22, 2022.

**On January 1, 2023**, the following changes and additions to the Preferred Drug List (PDL) will be effective.

| Virginia Preferred Drug List Changes Effective January 1, 2023 |  |   |
|--|--|---|
| Drug Class   | Preferred  | Non-Preferred (requires SA)                                 |
| Acne Agents, Topical   |  | Twynéo®   |
| Alzheimer's Agents   | Rivastigmine (transdermal) (generic for Exelon®)                       | Exelon® (transdermal)                                       |
| Antibiotics – Inhaled  | Tobramycin neb (generic for Tobin®)                                    |   |
| <b>Anticonvulsants</b>   | Lacosamide sol, tab (Generic for Vimpat®)                              | Vimpat® sol, tab  |
| Antihypertensives, Sympatholytics                              | Clonidine transdermal (generic for Catapres-TTS®)                      |   |
| Bronchodilators  | Arformoterol (AG for Brovana®)   |   |
| Diabetes Agents – Insulins                                     |  | Insulin glargine (generic for Lantus® and Lantus Solostar®) |
| Epinephrine, Self-injected                                     | EpiPen®<br>EpiPen Jr®  | Epinephrine (Generic for EpiPen Jr®)                        |
| <b>GLUCAGON AGENTS</b>   | Baqsimi™<br>Glucagon emergency kit (Fresenius)<br>Gvoke®<br>Proglycem® | Diazoxide<br>Glucagon emergency kit (Lilly)<br>Zegalogue®   |
| <b>HEMOPHILIA TREATMENTS</b>                                   | All agents   |   |
| <b>Immunomodulators, Atopic Dermatitis</b>                     | Dupixent®  |   |
| Nasal Steroids   |  | Nasonex™ OTC  |
| Opioids – Short Acting   |  | Tramadol soln (generic for Qdolo®)                          |
| NSAIDs – oral  |  | diclofenac pot (generic for Zipsor™)                        |

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|--|---|--|
| NSAIDs – topical                         |   | diclofenac 2% topical sol<br>(generic for Pennsaid®) |
| Rosacea Agents, Topical                  |   | Epsolay®   |
| Sedatives/Hypnotics                      |   | Quviviq™   |
| <b>SICKLE CELL ANEMIA<br/>TREATMENTS</b> | Droxia®<br>Endari™<br>Oxbryta®                          | Adakveo®<br>Siklos®                                  |
| Simulants/ADHD Medications               | Dexmethylphenidate<br>XR (generic for<br>Focalin XR®)   | Focalin XR®  |
| Skeletal Muscle Relaxants                |   | Lyvispah™<br>Fleqsuvy™                               |
| <b>WEIGHT MANAGEMENT<br/>AGENTS</b>      | Contrave®<br>Qsymia®<br>Saxenda®<br>Xenical®<br>Wegovy™ | Imcivree™  |

Classes in red designate Common Core Formulary “closed classes”

**NEW CLOSED CLASSES**

AG = authorized generic

**SA criteria can be found on the updated Preferred Drugs List (PDL/Common Core Formulary) at:**

<https://www.virginiamedicaidpharmacyservices.com/provider/preferred-drug-list>.

**SA forms for specific drugs or drug classes can be found at:**

<https://www.virginiamedicaidpharmacyservices.com/provider/authorizations>

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| Virginia 90 day list changes Effective January 1, 2023 |  |  |
|--|--|--|
| Drug Class   | Added  | Removed  |
| Sympatholytic Antihypertensives                        | Clonidine 0.1, 0.2, 0.3 mg/hr patches  | Catapres TTS® 0.1, 0.2, 0.3 mg/hr patches  |
| Anticonvulsants  | Carbatrol® ER 100, 200, 300mg cap<br>Tegretol® XR 100, 200, 400mg tab<br>Gabitril® 2, 4, 12, 16mg tab<br>Lacosamide 50, 100, 150, 200 mg tabs<br>Lacosamide 200 mg/20 ml sol<br>Trileptal® 300mg/5 ml susp | Carbamazepine ER 100, 200, 300mg caps<br>Carbamazepine ER 100, 200, 400 tabs<br>Vimpat® 50, 100, 150, 200 mg tabs<br>Vimpat® 200 mg/20 ml sol<br>Oxcarbamazepine susp<br>Olanzapine vial |
| Alzheimer's Disease Agents                             | Rivastigmine 4.6, 9.5, 13.3mg/24hr patch   | Exelon® 4.6, 9.5, 13.3mg/24hr patch  |
| Diabetes Agents  | Invokamet® 50-500, 50-1000, 150-500, 150-1000 mg tab<br>Pioglitazone 15, 30, 45 mg tab   | Bydureon® 2mg  |
| Proton Pump Inhibitors                                 | Protonix® susp   |  |
| Respiratory Agents                                     | Advair Diskus<br>Pulmicort Flexhaler™  | Bevespi®   |
| Beta Blockers  |  | Carvedilol ER 10, 20, 40, 80mg cap   |
| Parkinson's Disease Agents                             |  | Pramipexole ER<br>Ropinirole ER  |